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Cultural Contexts and Community Engagement in Public Health Palliative Care: Comparative Insights from Two Canadian Compassionate Communities

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Abstract

Compassionate communities are part of a global public health initiative designed to tackle the social factors surrounding death and dying by building more supportive local environments. Nevertheless, solid empirical studies on how communities become involved in this area remain scarce, especially in understanding how specific local conditions shape participation patterns. The purpose of this study was to uncover successful strategies for community involvement and to examine the contextual elements that support or hinder the growth and long-term viability of compassionate communities. Researchers applied a comparative ethnographic design to explore the processes of community engagement in two culturally distinct compassionate communities in Montréal (Canada): Centre-Sud and West Island. Information was collected via participant observation, semi-structured interviews, and detailed logbooks. Drawing on developmental evaluation principles, the data were examined using a thematic lens combined with the Ecology of Engagement framework.

Two markedly different yet locally attuned routes to community engagement appeared, each strongly influenced by the unique sociocultural features of the setting. In Centre-Sud, a bottom-up, resident-driven model emphasizing shared leadership and gradual trust-building created a durable network that achieved lasting stability by establishing an independent non-profit organization. By comparison, the West Island initiative followed an institution-driven strategy, which proved a practical way to address existing challenges, such as widespread community skepticism; sustainability was secured by formally incorporating the project into the guiding organization through a dedicated, ongoing staff position. This side-by-side ethnographic analysis reveals that there is no universal blueprint for success. Instead, effective engagement depends on carefully adjusting strategies to match the particular patterns of trust and power present in each locality. The findings indicate that while grassroots, community-led models can generate deep levels of ownership, top-down, institution-led approaches may sometimes offer the most reliable path to sustainability when communities face deep-rooted systemic obstacles. Overall, the study provides a useful, practical framework for those working in the field and valuable insights for shaping evidence-based policies that can nurture compassionate communities across a wide range of environments.

Keywords: Community engagement, Comparative study, Compassionate communities, Ethnography, Evaluation, Public health palliative care

Introduction

Compassionate communities represent a worldwide initiative focused on rallying citizens, local groups, and public institutions to confront the social and structural influences on death and dying, while building environments rich in support [1, 2]. Over the last three decades, this global effort has developed steadily, starting with early

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grassroots efforts in areas such as Kerala, India, and now extending to documented projects in at least 19 countries, among them Australia, Canada, the United Kingdom, and the United States [3]. Despite the impressive international expansion and the vital role of community engagement in the overall model, empirical studies remain underdeveloped, limiting the creation of robust, evidence-based guidance for practitioners [4–7]. This leaves a notable knowledge gap regarding the influence of local conditions on how community engagement unfolds and the results it produces in a compassionate community.

To help bridge this shortfall, the present comparative ethnographic investigation examines the dynamic relationship between local surroundings and engagement activities within two culturally contrasting compassionate communities in Montréal, Canada. The significant differences in sociocultural background and language within a single city make Montréal a particularly strong 'natural laboratory' for studying how engagement methods must be tailored to diverse community environments. By conducting a side-by-side analysis of the processes in these two locations, the study addresses the central research question: 'How does community engagement develop and affect the growth, results, and long-term viability of compassionate community projects in varied settings?' Following the guidance of our prior protocol [7], this strategy supports the creation of insights that can be transferred to additional public health palliative care efforts worldwide. Details about the actual programs launched, the perceived social shifts, and the visible changes arising from this work appear in a separate publication.

Materials and Methods

Research approach and study design

A thorough overview of the study design and methods is provided in our earlier published research protocol [7]. Here, we employed a comparative ethnographic design that centers on an in-depth, immersive examination of individuals in their everyday environments to explore their experiences, actions, and social relationships. This approach was chosen specifically to describe, interpret, and contrast how community engagement changed over time and how compassionate community development differed across settings with distinct cultural features. Informed by the ideas of developmental evaluation [8], we captured the community engagement activities and growth patterns as they occurred in real time, applying ethnographic techniques. The presentation of this study adheres to the Standards for Reporting Qualitative Research [9] statement.

Research setting and case selection

This research project, backed by a philanthropic foundation, was started through a joint effort involving the Montréal Institute for Palliative Care and the Canada Research Chair in Partnership with Patients and Communities (CRCHUM). The interdisciplinary action-research group consisted of clinicians, community representatives, a patient partner, and academics from a range of disciplines (anthropology, community psychology, management, medicine, public health, sociology), each offering specialized expertise in fields like community engagement, end-of-life care, participatory research, and social innovation. To strengthen the broader relevance of the outcomes, two markedly different Montréal neighborhoods—Centre-Sud and West Island—were deliberately selected to set clear boundaries for each case. These neighborhoods exhibit sharply contrasting sociocultural traits (i.e., English/French cultures, richer/poorer, and older/younger than average), making them highly suitable for comparative ethnographic work. West Island forms the area linked to the Montréal Institute for Palliative Care. Centre-Sud was chosen for its mixed population and its promise to involve harder-to-reach groups, which closely aligned with the project's aims.

Participants

This study drew on three main categories of participants at both locations:

1. Compassionate community facilitators: These individuals managed outreach to the community, coordinated efforts, collaborated on the design of activities, and assisted with shared governance. They occupied a key role in mobilizing and involving local people;
2. Community organization representatives: This group included people connected to a variety of community organizations contributing to the creation of compassionate community initiatives. Examples are those participating at the Centre-Sud Compassionate Community governance table or individuals from the Community Seniors Table in the West Island;
3. Citizens, patients, and community members: This inclusive category covered people who joined different activities associated with the compassionate community initiatives, for instance, citizen forums and various other local gatherings.

Only adults (18 years of age and older) capable of providing informed consent were eligible to take part. From February 2021 to December 2023, observations encompassed over 300 individuals engaged in activities supporting the growth of compassionate community initiatives. These observations included public events (e.g.,

International Overdose Awareness Day, Citizen Forums) as well as project-specific tasks (e.g., community development meetings, resource coordination tables, compassionate programs). Detailed field notes were compiled during each event and activity. Owing to the constantly shifting nature of community engagement—where participants frequently entered or exited at different points—it proved impossible to calculate the exact count of unique individuals involved in this study.

Action-research team

This study was carried out through a solid partnership linking university researchers with local community groups. In 2020, an executive committee was established to steer the initiative. Its members included academic researchers (A.B., E.L., I.M.), community engagement facilitators (C.L., L.J., S.D.), the palliative care specialist who launched the project (D.W.), and a patient partner bringing direct personal experience of end-of-life care (G.R.). The committee created an environment where everyone could openly exchange ideas and reach decisions together, making sure all perspectives and skills were woven into the work. Over the course of the project, 37 meetings were held, totaling 74 h.

To follow how community engagement developed over time and how various factors shaped it, the team used an emic-etic research strategy. Drawing from long-standing ethnographic discussions about researcher positionality—particularly the ideas of 'emic' (insider) and 'etic' (outsider) standpoints [10, 11]—different team members took on specific roles as 'insider', 'outsider', or 'bridge' researchers [12]:

- 'Inside' researchers (C.L., L.J., S.D., D.W.): They planned and ran the community engagement activities and took part in the study both as action-researchers and as active participants (emic).
- 'Outside' researchers (A.B., A.K., G.R., I.M., L.S.): These executive committee members carried scientific responsibility for the project and supplied expert advice on matters such as study design, methods, publications, and knowledge sharing. They remained completely separate from community engagement activities, data gathering, and analysis (etic).
- 'Bridge' researcher (E.L.): The lead author worked simultaneously as an observer of the engagement processes and as a participant in the development activities. This person collected and reviewed the data as the project unfolded, linking the emic and etic perspectives by connecting the 'inside' and 'outside' researchers.

Thanks to this setup, the team could document both first-hand lived experiences and more detached observations. This revealed finer details about the local conditions that influenced how the compassionate communities were built, grew, and remained sustainable. The combined approach helped avoid the typical shortcomings and biases of relying on either an emic or an etic lens, leading to a deeper, more complete picture.

Data collection

Data collection ran from 2021 to 2023 and started at the same time as the community engagement and development work. Following the emic-etic strategy, three separate approaches were employed to track the growth of community engagement across the two compassionate communities and to examine how surrounding local conditions affected the engagement processes, their results, and their long-term sustainability:

Logbook (bridge and inside researchers)

Project activities were tracked in Excel spreadsheets containing logbooks. These recorded who took part in engagement efforts, what activities occurred, and with whom, while also noting any obstacles or supporting factors for community involvement. From 2022 to 2023, information was gathered through bimonthly meetings among the bridge researcher, the inside researchers (C.L., L.J.), and the community engagement facilitators in the Centre-Sud and West Island areas. During these sessions, the facilitators used their regular agendas to list every partner involved and all daily tasks in a separate Excel sheet for each location. Treated as a form of 'indirect participant observation', the logbook entries created an ongoing account of the project's history and its implementation. The meetings also gave the bridge researcher and the facilitators space to review progress, discuss difficulties and potential biases, and adjust their plans for future actions.

Semi-structured interviews (bridge and inside researchers)

Semi-structured interviews were carried out by the bridge researcher with a range of individuals who contributed to the growth of the Centre-Sud or West Island Compassionate Community. Selection followed a purposive sampling approach, with the number of participants revised over time to account for developments such as staff changes or the addition of new partners, while ensuring that chosen interviewees possessed solid knowledge of compassionate communities. Interviews with the facilitators and the project leader ('inside' researchers) were conducted annually (2021–2023). Interviews with community partners took place exclusively in the project's final year (2023). The single inclusion criterion was active involvement in the development of one of the compassionate communities.

Participant observation (bridge researcher)

The bridge researcher (E.L.) conducted participant observation by becoming directly immersed in mobilization, engagement, and community development work (e.g., governance meetings, co-design initiatives, and citizen forums). This method linked practical fieldwork to the research process, enabling the bridge researcher to support project advancement, assist the action-research team, and simultaneously generate data for scholarly purposes. The inside researchers (C.L., L.J., S.D., D.W.) regularly invited the bridge researcher to attend engagement and development activities, whether held online or face-to-face. At the outset, the bridge researcher introduced herself to all present, outlined her role, and explained the aim of the observation. Although participants were free to decline at any time, none did. Attention focused on relationships and interactions within engagement, along with the partners' expressed needs, concerns, difficulties, aspirations, and suggestions.

Ethical considerations and reflexive practice

Fieldwork conducted amid the COVID-19 pandemic posed distinctive ethical challenges. Public health measures restricted the first year of community engagement to online-only formats (2021–2022), curtailed spontaneous interactions, which are usually central to ethnographic work, and elevated trust as the foremost ethical concern. To foster and sustain trust, the bridge researcher emphasized reciprocal actions, such as distributing observation notes and research instruments, including evaluation questionnaires, after online sessions. When in-person activities resumed, this was reinforced through active on-site participation (for example, helping distribute meals to homeless people or lending practical assistance in event preparation). Ethical accountability was upheld via continuous reflexive practice. Reflexive comments were embedded directly into the ethnographic fieldnotes [13] and were further supported by regular entries in the logbooks and discussions during team meetings. These steps enabled ongoing scrutiny of the researcher's positionality, its effects on the study, and any emerging biases.

Data collection summary

Information was gathered through participant observation, semi-structured interviews, and thorough logbooks to document the engagement and implementation processes at both sites. The higher total of participant observation hours recorded for Centre-Sud stems from the delayed launch of fieldwork in West Island caused by site-specific circumstances. **Table 1** provides a comprehensive overview of all data collection methods and participant counts for each location.

Table 1. Summary of the data collection methods and participants for each research setting (Centre-Sud and West Island).

Data collection methods	Centre-Sud (2021–2023)	West Island (2022–2023)	Combined total
Participant observation	63 hours: observed over 200 community members	21 hours: observed nearly 100 community members	84 hours of observation covering more than 300 community members
Semi-structured interviews	17 interviews with 14 participants: 3 community engagement facilitators, 11 community partners; total 17 hours, average 56.4 min per interview	9 interviews with 8 participants: 2 community engagement coordinators, 1 project leader (2 interviews), 5 community partners; total 10 hours, average 66 min per interview	Total 26 interviews with 22 participants; total 27 hours, average 64 min per interview
Logbook entries	646 inputs; 41 meetings; total session time 82 hours	528 inputs; 35 meetings; total session time 70 hours	Total 1174 inputs; 76 meetings; total session time 152 hours
Total multi-site ethnography	162 hours	101 hours	263 hours

Data analysis

The side-by-side examination of the Centre-Sud and West Island Compassionate Communities relied on material from logbooks, participant observation, and interviews. It focused on local conditions, engagement practices, participating partners, carried-out activities, populations reached, leadership structures, governance arrangements, and short-term results. By comparing differences between the two communities, the study aimed to reveal the underlying drivers of community engagement and to generate evidence-based contributions to emerging theoretical ideas. The analysis combined qualitative and descriptive methods to compare how community engagement began and developed in each setting, as well as its effects on the growth of both compassionate communities. An intracase review was first conducted to understand the progression within each community, followed by an intercase review that highlighted shared features and contrasts across the two locations [14]. All

qualitative data were managed using QSR International NVivo 12 software, and participants were assigned pseudonyms. Logbook entries were gathered and examined using Google Sheets.

The process followed two main frameworks: the 'Ecology of Engagement' [15] and the 'Compassionate Communities' Stages of Development' [16] **(Figure 1)**. These supplied a structured coding system. Although the stages appear in a linear sequence, the actual process was recognized as cyclical, involving repeated movements back and forth between phases. A thematic lens approach, drawn from the work of DeGloma and Papadantonakis [17], then directed the work [17, 18]. This method placed the broad, socially meaningful theme of 'community engagement' at the center of the comparative review's interpretation. It supported an ongoing coding cycle that merged deductive coding—drawing directly from the two established frameworks—with inductive coding that used the thematic lens to spot newly arising patterns.

Figure 1. Stages of development in Canadian compassionate communities [19] (Source: It is used with permission of the authors: Pallium Canada, BC Centre for Palliative Care, Hospice Palliative Care Ontario (2022)).

Rigor and reliability were strengthened through several layers of triangulation. This included cross-checking results across different data sources (interviews, logbooks, and participant observation records) and comparing viewpoints from multiple team members. The latter step involved reviewing the 'bridge' researcher's interpretations alongside those of the 'inside' and 'outside' researchers; the resulting team conclusions were then verified with the research participants through member checking. To further reinforce the process, artificial intelligence (AI) served as an additional validation aid.

AI is gaining wider acceptance as a resource for handling and reviewing qualitative material [20, 21]. In this project, Gemini was selected for its multilingual capabilities, which are considered particularly helpful for capturing the subtleties of regional language differences [22], such as Quebec French [23], the language of the collected data. The primary analysis—including all coding, grouping, and early findings—was performed by the first author, who also served as the 'bridge' researcher. To counterbalance the influence of this close involvement, Gemini AI acted as a supporting tool, a method backed by existing studies on AI-assisted qualitative work [20]. The AI's contribution was limited to two precise roles: (1) helping detect broad and subtle patterns within the initial results, and (2) polishing the English versions of selected quotes while enhancing the overall clarity and style of the manuscript. Full human control was maintained: the first author carefully evaluated every AI suggestion and retained full responsibility for all final analytical decisions.

Results and Discussion

This part reports the main outcomes of the comparative ethnographic work. It opens with the communities' own understandings of engagement and of compassionate communities, then explores their unique cultural environments. Next, it compares how each community was launched and how engagement unfolded. The section closes by examining how development paths, engagement connections, and leadership approaches shaped the overall progress of the two communities.

Community voices in action: Defining community engagement and compassionate communities together

Following the participatory spirit of the study, the semi-structured interviews deliberately invited community members to share their own understandings of community engagement and what a compassionate community represented to them. A total of 11 residents from Centre-Sud and 5 from West Island took part. Both groups described community engagement in nearly identical terms, portraying it as:

a joint effort involving many different stakeholders who collaborate to tackle pressing problems as well as their deeper structural roots, strengthen people's well-being, and drive meaningful social improvements through tangible steps.

Using pseudonyms to protect identities, participants explained that the main impulse behind such engagement comes from a strong commitment to fairness and social justice. This includes defending the rights and welfare of

disadvantaged groups, encouraging shared reflection, and coordinating efforts to craft locally relevant solutions. Mélanie, from Centre-Sud, put it this way:

Well, for me, community engagement is a response to suffering, particularly that caused by social injustice. Whether I experience it directly or witness it in others, the call to action is the same. It's a movement of the heart, a recognition of our shared humanity.

Nathalie, from West Island, underlined the need for coordinated responses to varied end-of-life requirements:

Well, often it's gaps in the public health system, but it can also be, for example, we offer a program for bereaved toddlers. So there can be more gaps at the school board level and in what they can offer bereaved children, for instance. So, it's about meeting needs and also filling existing gaps.

Centre-Sud and West Island offered very similar pictures of what compassionate communities should be: lively, cooperative networks formed by residents, local groups, and public institutions that are dedicated to five central goals:

1. Supporting the complete well-being of individuals confronting serious illness, bereavement, end-of-life situations, death, and grief;
2. Advancing inclusion, fairness, and social justice by making sure suitable help and care reach everyone;
3. Honoring people's independence so they can reach informed choices and play an active part in community activities;
4. Working together to recognize and respond to local needs connected with loss, dying, death, and grieving;
5. Establishing a solid web of assistance by linking individuals with appropriate resources, services, and supportive people.

One contributor from Centre-Sud added a distinctly personal angle. Maude, a social worker focused on homelessness, pushed the team to go beyond abstract ideas. She argued that a compassionate community is not just a theoretical label but something people actually feel—an environment that creates a sense of security and encouragement, where individuals feel confident enough to test fresh ideas and explore new options:

For me, a compassionate community is more of a feeling. It's like a safe space where you can say, 'OK, we can try things, we can attempt things'. I see it that way for myself and my clients.

This outlook brings an emotional richness to the concept. It stresses that every compassionate community must foster an atmosphere of safety and welcome in which people feel respected, heard, and free to develop solutions on their own.

Comparing distinct cultural contexts

Even though the two communities shared many aims and principles, they followed distinct paths as they built their compassionate communities. The comparative review shows that, despite important overlaps, the specific features of each local setting produced different engagement approaches and led to noticeable variations in how the work unfolded, what was achieved, how leadership operated, and how sustainable the efforts proved to be. These observations highlight why it is essential to pay attention to both the common threads and the context-driven differences. The following section first looks at how local conditions shaped engagement practices, then turns to the resulting differences in development paths, outcomes, leadership styles, and long-term viability.

Montréal's history dates back to its founding as a French colony and to its central role in the British conquest of New France in 1759. This history has produced a rich mix of linguistic and cultural groups across the island, giving rise to the contrasting local realities at the heart of this ethnographic comparison.

Centre-Sud lies in the Ville-Marie borough in downtown Montréal. It houses more than 40,000 people in a compact 4.7 km2 area and has traditionally been a working-class neighborhood [24]. The area features a varied social makeup that includes several vulnerable or excluded groups, such as members of the LGBTQ+ community, people facing homelessness or economic hardship, newcomers, individuals who use drugs, and sex workers. In contrast, West Island forms a broad suburban zone with over 266,000 residents spread across 144.4 km2 [25]. The population is mainly English-speaking—making up a minority on the Island of Montréal—and tends to be older and more prosperous than the city average. Annex 1 presents a side-by-side table comparing local contexts, including sociodemographic details, environmental assessments, asset inventories, and unique historical traits of both communities.

Initiating compassionate communities: From early steps to community engagement processes (stages 1–4)

It is essential to stress the importance of the foundational preparation phase (stages 1 and 2) before moving on to examine the comparative community engagement activities (stages 3–4) and the later implementation pathways (stages 5–8). Although this preparatory stage is often overlooked in published research, it focuses on gaining a clear picture of the local environment and on assessing the community's preparedness for active participation. These aspects play a decisive role in determining whether any compassionate community effort will succeed. The following section describes stages 1–4 **(Figure 1)** and sets out the initial actions taken to launch engagement efforts in each of the two compassionate communities.

In 2020, following an asset-based community development model [26], environmental scans and asset mapping were performed across the Centre-Sud and West Island areas. The scans collected demographic, health, and social statistics, producing detailed community profiles that were then expanded with relevant historical and cultural background (see Annex 1 for the full side-by-side comparison of local contexts). Asset mapping pinpointed current assets, existing strengths, and potential collaborators, directly shaping customized plans to reach out to and involve local leaders and champions in these territories. These early results provided the groundwork for repeated cycles of growth, enabling ongoing adjustments and improvements to engagement strategies as the project advanced.

West Island initiation and community engagement process (stages 2–3)

Mobilization activities in the West Island began in December 2019 with a Town Hall event at the Teresa Dellar Palliative Care Residence. The gathering included 22 participants drawn from a variety of community groups and civic bodies. In addition, the community engagement coordinator held separate meetings with over 20 representatives from local organizations and public institutions (such as the City Council) to introduce the Compassionate Community concept and involve them in spotting needs and developing solutions. Initiatives aimed at raising awareness and encouraging participation ran from March 2020 to May 2022, during the peak of the pandemic. Because of the restrictions, the needs assessment approach was revised to reach caregivers through an online survey (n = 21).

During these two years (December 2019 to May 2022), the ability to mobilize and engage the West Island community was markedly limited. As Sarah, executive director of a local community organization, noted:

I think there are eighty community organizations on the West Island. Then, we were just twenty that were still open throughout the pandemic.

This constraint substantially hindered progress during the project's opening phase. In response, the overall strategy was modified by blending the original community-driven model with a stronger institution-led focus. This combined tactic helped forge new partnerships for creating compassionate programs.

Findings from the West Island identified three main elements that supported community engagement: (1) connecting with people who feel a strong personal sense of responsibility; (2) taking deliberate steps to create trust-based relationships while respecting the community's own knowledge and skills; and (3) developing mutual exchanges that promote an open and cooperative setting. A shared vocabulary, aligned vision, and common objectives further boosted participation. Patricia, Director of a non-profit home support organization, observed:

They [Palliative Care Residence] recently asked to be part of the Seniors' Table. Before that, they were really excluded from other non-profit organizations, and they did everything internally. So, like I said, if this project can open the door so that all the other organizations in the West Island, which are not as big as the Residence, are recognized for the work they do. Sure, if there's funding, cool, but to say that they are not alone in caring for people at the end of life.

Michael, a primary care community worker, pointed to the value of mutual relationships for building trust:

They [community members] will share information with us, because they trust us. After all, it's a relationship that goes both ways. (. . .) These are not relationships that were created yesterday. These are relationships from many times we came to lend a hand. So there is already this credibility.

These examples show that honest and transparent communication, paired with steady involvement grounded in a shared vision, helps build trust and mutual support. This, in turn, creates environments where stakeholders from diverse backgrounds feel respected and can join forces effectively to pursue shared aims.

Centre-Sud initiation and community engagement process (stages 2–3)

In fall 2020, the two community engagement facilitators in Centre-Sud personally reached out to 68 local organizations. They aimed to increase awareness of issues surrounding end-of-life care, loss, death, and grief, while presenting the compassionate communities concept. Between February and May 2021, the coordinators led 11 gatherings, divided into sector-based (n = 5) and population-specific (n = 6) sessions. These meetings allowed representatives to work together to identify local needs and brainstorm possible solutions. Participants were invited to talk openly about their encounters with death, both professionally within their organizations and in their own personal lives. This frank exchange about mortality helped ignite broader participation and laid the groundwork for a compassionate community in Centre-Sud, grounded in collective encounters with end-of-life matters, loss, death, and grief. Overall, the engagement effort focused on common needs and the sharing of resources. It followed a bottom-up, locally driven model that encouraged communities to take ownership of the work.

The facilitators succeeded in earning trust by showing humility and respecting the community's own knowledge about end-of-life and grief matters. They also practiced attentive listening. The participatory research framework further supported this by emphasizing mutual give-and-take that aided both the creation and delivery of compassionate community efforts. Five local conditions helped encourage engagement in Centre-Sud: the pandemic crisis, common lived experiences and shared values, solid existing connections, open exchange of

knowledge, and helpful research practices supported by organizations. Despite these encouraging elements, difficulties such as staff shortages and communication hurdles did appear, yet they had only a limited influence on the broader engagement activities.

At both locations, the community engagement facilitators changed within the first year (2021–2022). This transition initially risked slowing things down, but it turned out to be a useful lesson. It underlined the importance of selecting coordinators who already have strong ties and thorough familiarity with the local community landscape. The new coordinators (C.L., L.J.), experienced and well-known community workers with many years of service in their respective areas, helped foster deeper involvement, stronger trust, and better teamwork. This shift allowed the team to jointly design and test new initiatives, finally connecting with groups that had earlier been difficult for the action-research team or external actors to reach.

Contrasting paths to community engagement

The differing engagement tactics used in Centre-Sud and West Island become evident when examining the kinds of partners each project involved, as illustrated in **Figure 2**. For this examination, every activity logged in the logbooks (for example, meetings, workshops, or follow-up contacts) was grouped by partner category. The categories included: Citizen (i.e., volunteer); Civic (i.e., municipalities, workplaces); Community (i.e., local organization representative); Institutional (i.e., health and social services, local police); Political (i.e., elected official); and Multipartner, which covered activities that brought together several different partner types simultaneously.

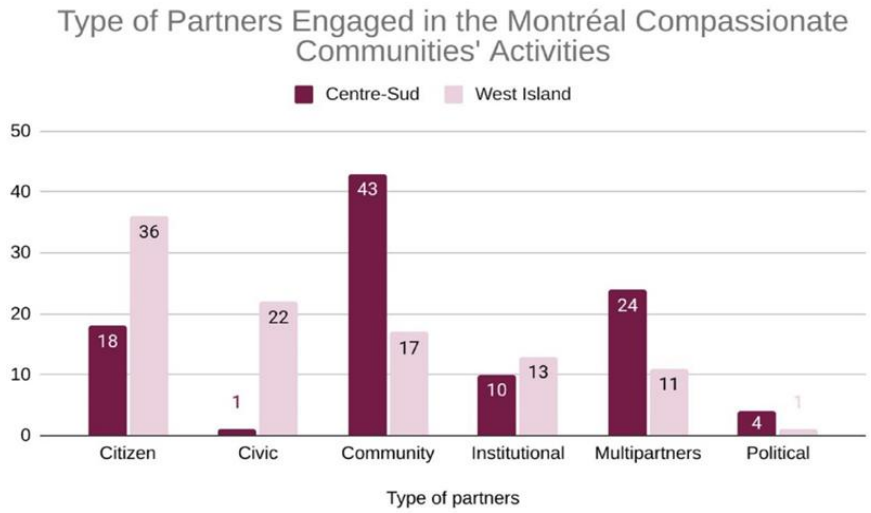

Figure 2. Comparison of types of partners engaged in compassionate community activities in Centre-Sud and West Island (2021–2023).

Figure 2 shows clear contrasts in partner involvement that correspond to two separate strategic directions. In West Island (n = 329), the larger shares of Citizen (36.17%) and Civic (22.19%) participation reflect an institution-driven approach that emphasized raising general awareness and promoting individual involvement. In contrast, Centre-Sud (n = 509) placed greater emphasis on Community (43.42%) and Multipartners (24%) activities, indicating a grassroots approach centered on developing a robust network of cooperation among organizations. Involvement with institutional partners remained fairly even between the two sites. Still, the differences in other categories highlight how local circumstances, including the effects of the COVID-19 pandemic, influenced the chosen engagement methods.

In Centre-Sud, the grassroots, community-driven tactic, which drew on shared encounters with death and dying, helped generate trust and a feeling of unity. This resulted in higher participation and stronger ownership, even amid the challenges of the COVID-19 pandemic. Interestingly, the pandemic itself catalyzed rallying people around issues of mortality and grief. Jean-Baptiste, director of a community support program, remarked:

I felt like there was a really fitting connection between the project's values and the pandemic context (. . .) It was the perfect time for this project to come along, with everything we were noticing internally. I saw an opportunity and went for it wholeheartedly.

This collective sense of purpose received additional support from the neighborhood's long-standing history of social activism and its well-rooted tradition of working together. A bottom-up, locally led approach that stayed closely connected to the surrounding realities proved effective for engagement in Centre-Sud. Although the specific roles of the facilitators are mentioned here, their contributions will be examined more closely in a future publication.

West Island followed a combined engagement strategy that began earlier but encountered obstacles due to pandemic-related constraints and other site-specific conditions. Given its older population, a large portion of community support funding is directed toward services for seniors. This reality, along with short-term and non-recurring funding, created rivalry and suspicion among groups. As Sarah, a Volunteer Center Director, described: It caused a bit of competition. Instead of giving funding to each organization where they've already justified [their impacts], they required accountability reports. It's people who don't manage things properly. Why not give us extra money without having to make [funding] applications each year.

Patricia, director of senior home support services, spoke about the reluctance of smaller groups to collaborate with the Palliative Care Residence, referencing earlier experiences of competing for resources and overlapping programs:

When there's a big entity, like the Palliative Care Residence, that keeps getting government funding for programs that are technically already in place by other organizations. At some point, the organizations start to get fed up, you know. So yeah, there was a coldness in the West Island [community] towards the Teresa Dellar Palliative Care Residence.

These examples demonstrate how pandemic conditions and funding systems can hinder involvement, particularly when scarcity and suspicion are already present in the community.

Comparing development trajectories (stages 5–8)

The two communities' differing engagement approaches produced clearly divergent growth patterns. Each one directed its main efforts toward distinct phases of the overall process, as shown in **Figure 3**.

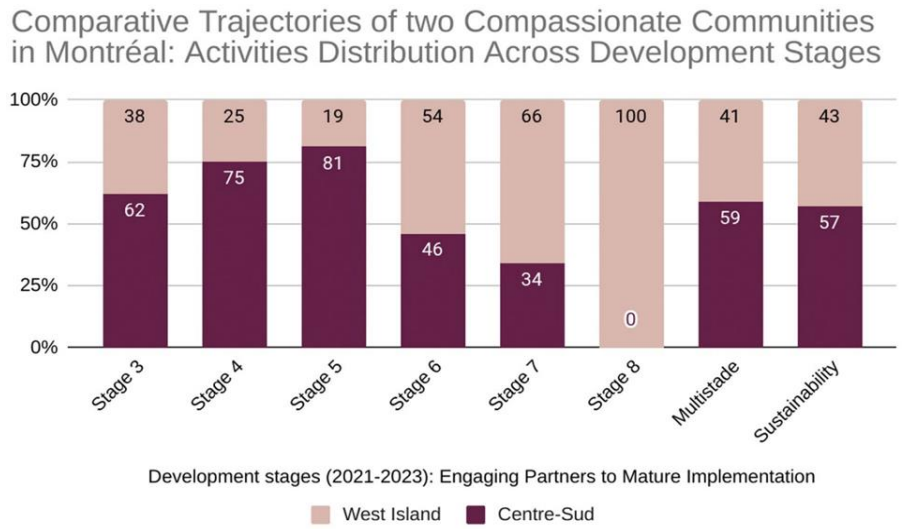

Figure 3. Comparative trajectories of two compassionate communities in Montréal: activity distribution across development stages. Stage 3: Engaging partners; Stage 4: Co-planning; Stage 5: Initial implementation; Stage 6: Early implementation; Stage 7: Mid implementation; Stage 8: Mature implementation.

The numbers reveal that the communities placed their energy at different points. Centre-Sud carried out a larger volume of activities overall (n = 637) and devoted most of its attention to the early co-planning phases (stages 3–5). It first focused on cultivating trust and forging strong collaborative ties before expanding actual programs. By contrast, West Island (n = 467) concentrated its activities in the later implementation phases (stages 5–8). This choice reflected the Palliative Care Residence's practical decision to establish visible services when broad community participation proved difficult to achieve. The contrast points to a fundamental difference: Centre-Sud first worked to foster genuine local ownership, while West Island prioritized delivering concrete services to meet pressing needs immediately.

Who is engaged and in what kind of activity?

Examination of the logbook records highlighted the varied ways the West Island and Centre-Sud Compassionate Communities connected with partners, and how those connections changed over time. Applying the Ecology of Engagement framework,13 all activities were sorted into eight development stages. For the present review, the nature of engagement relationships was grouped into three categories:

• Bonding: Ties formed among groups that share similar backgrounds or identities, helping to create feelings of belonging and mutual confidence (for example, several community organizations joining forces);

• Bridging: Ties established between groups that differ in background, identity, or interests, encouraging cooperation and greater mutual awareness (for example, a link between a community centre and a Palliative Care Residence);
• Linking: Ties created between individuals or groups that operate at different levels of influence or authority, making it easier to obtain resources and support balanced decision-making (for example, community groups partnering with city officials on local support projects).
'Multistage' refers to activities in which bonding, bridging, and linking relationships all happen together within the same effort. 'Sustainability' covers activities that help build lasting initiatives rather than being tied to a specific development stage. The graphs that follow display contrasting growth paths and make clear how these relationship types evolved as both compassionate communities advanced.
Figure 4 illustrates engagement patterns across development stages in Centre-Sud (n = 515).

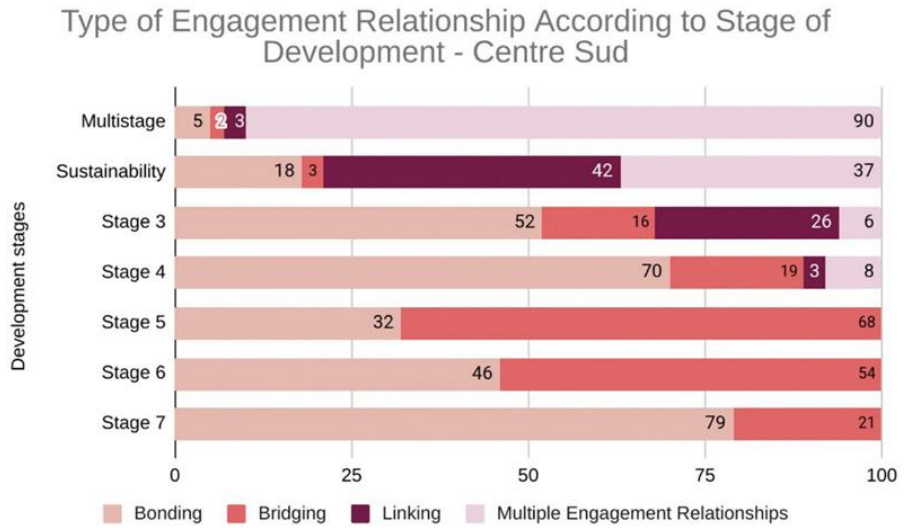

Figure 4. Engagement relationships throughout the development of Centre-Sud Compassionate Community (n = 515). Stage 3: Engaging partners; Stage 4: Co-planning; Stage 5: Initial implementation; Stage 6: Early implementation; Stage 7: Mid implementation.

During the initial phases, Centre-Sud placed strong emphasis on bonding relationships among community groups while carrying out engagement and co-creation work (stages 3–4). This is clearly evident in the high count of bonding connections recorded in those stages, especially the heavy concentration in stage 4. As activities progressed, a noticeable increase in bridging relationships occurred in stage 5, indicating growing cooperation with outside groups. The 'Sustainability' phase stands out for its large number of linking relationships, which point to deliberate attempts to connect with resources and decision-making bodies to secure lasting results. A considerable share of activities fell into the 'Multistage' category, revealing the intricate and overlapping character of the development work. The graph traces a clear movement: beginning with strengthening internal trust and support through bonding, advancing to broader partnerships through bridging, and finally working to secure ongoing resources through linking, as shown in **Figure 5**.
Figure 5 illustrates engagement patterns across development stages in West Island (n = 330).

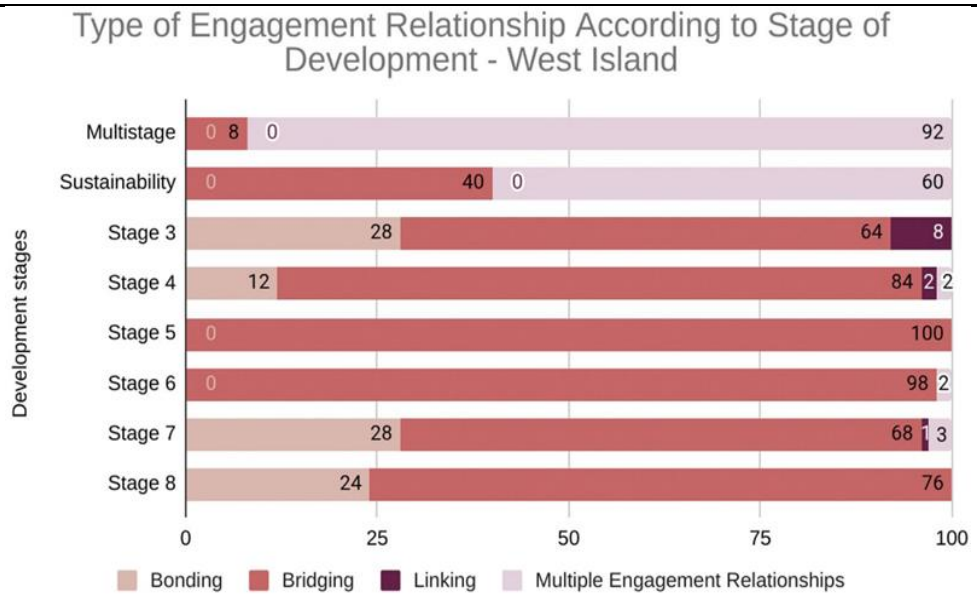

Figure 5. Engagement relationships trajectories throughout the development of West Island Compassionate Community (n = 330). Stage 3: Engaging partners; Stage 4: Co-planning; Stage 5: Initial implementation; Stage 6: Early implementation; Stage 7: Mid implementation; Stage 8: Mature implementation.

West Island relied predominantly on bridging relationships across its entire development. This pattern reflects a consistent priority on forming partnerships between palliative care experts and the larger community. The focus on bridging stands out especially in stages 4, 6, and 7, where these connections were most frequent. Bonding relationships appeared far less often, indicating a different style of community involvement. Linking relationships stayed relatively rare throughout West Island's process, showing limited attention to reaching higher levels of resources or authority. Taken together, the data indicate that building external partnerships (bridging) remained the main tactic for advancing community engagement in this setting.

Figure 5 shows clearly different patterns of engagement. Centre-Sud moved from an initial focus on bonding relationships toward bridging and then linking, whereas West Island maintained a steady emphasis on bridging throughout. Both communities began forming linking connections at stage 3, yet these connections decreased over time in West Island while continuing to play a vital role in Center-Sud's long-term sustainability. This difference reflects changing community needs and underscores the need for strategies tailored to each setting. Looking closely at the types of engagement present in sustainability activities, along with the share of multistage activities, offers useful clues about potential lasting impact. For example, a high level of 'multistage' activity combined with strong linking relationships indicates that a community is successfully drawing on varied forms of social capital and connecting with influential structures to support enduring success.

Leadership and sustainability

The study found that cooperation across sectors works best when a committed person actively promotes the initiative within a community organization or healthcare setting. This person helps spread awareness about death and dying within their own networks. However, depending too heavily on a single champion carries the risk that important knowledge and momentum will be lost if that person leaves. To reduce this danger, it is essential to record processes carefully, train additional people, and put in place lasting support systems. Although long-term viability was a central concern from the beginning, the research showed that leadership evolved in ways that aligned with the chosen engagement and implementation methods, helping secure ongoing success. For instance, when research funding ended in December 2023, the Centre-Sud group formally registered as a non-profit organization called 'Communauté Compatissante Montréal' to continue its work and pursue funding independently. In the West Island, the Palliative Care Residence responded differently, keeping its community engagement facilitator in a permanent position to sustain progress and continue established efforts. These contrasting responses illustrate how leadership and long-term sustainability are closely connected to the chosen engagement methods and overall development paths.

This research explored how community engagement unfolded as two culturally diverse neighborhoods in Montréal built compassionate communities. In-depth empirical work of this kind is essential because recent literature reviews indicate that community engagement is rarely described in detail and is often poorly documented [3–5, 27]. The side-by-side comparison uncovered two quite different strategies and demonstrated the powerful influence of local context and leadership styles. Center-Sud's bottom-up, community-driven method helped generate trust and teamwork, enabling the initiative to move forward successfully even under pandemic

constraints. West Island, on the other hand, followed a professionally led, combined-strategy model that struggled to build broad collective action due to funding shortages and existing mistrust within the community—problems that grew more serious during the pandemic.

Even with these contrasts, both communities showed a clear dedication to meeting the full range of needs experienced by people facing serious illness, end-of-life situations, death, and grief. Their journeys highlight the value of being flexible, paying close attention to local realities, and building on the strengths already present in the community when creating and maintaining compassionate communities. In the end, the study shows that compassionate communities can emerge through many different routes. Although both neighborhoods brought their own assets and resources to the process, their development paths diverged significantly due to local circumstances and the leadership approaches they adopted. This observation aligns with findings from a comparative examination of similar efforts in Italy and the United Kingdom, which concluded that the type of organization leading the initiative (e.g., public versus philanthropic) and the broader national setting (social care versus healthcare-focused) strongly influence the character of community engagement [27].

The results carry several practical implications for creating and sustaining compassionate communities. First, they emphasize the need to thoroughly understand and adapt to each community's unique features. While top-down methods may suit some situations, they tend to be less successful in places where people feel wary of institutions or where resources are scarce, especially during difficult times. This conclusion is strongly backed by reviews of place-based projects, which consistently identify unequal power relations and a lack of trust as the biggest obstacles to meaningful involvement. At the same time, these reviews point to the gradual building of trust—something that demands sustained effort—as the single most important factor for success [2, 28]. Center-Sud's achievements provide a clear example of this principle and offer an important reminder to practitioners: it is wise to allocate ample time to foundational trust-building work before expecting other results.

Second, this study stresses the value of spotting and partnering with established community leaders and champions. Using the skills and knowledge of people and groups already active in supporting those dealing with serious illness and loss helps prevent duplication and leads to smoother cooperation. Still, genuine teamwork is often hindered by policy-level obstacles. The link between competition and mistrust in West Island, and the way funding was organized, aligns with broader studies that point to short-term, inflexible funding as a major barrier to enduring community projects [26, 29]. This suggests an important policy change: funding programs should offer longer cycles that give enough time for relationships to form and for proper assessment to take place [28].

Furthermore, the results make clear that successful community engagement depends strongly on the personal traits and background of the facilitators involved. While technical abilities count, qualities like careful listening, empathy, humility, and genuine roots in the community—coordinators who truly know and belong to the local setting—are critical for earning trust, fostering collaboration, and achieving meaningful goals.

Key levers of engagement: Building trust and navigating power

The clear differences in how the two communities developed—one focused more on programs and the other on relationships—provide a valuable lesson about managing trust and power within communities. Center-Sud's decision to lay solid relational groundwork before launching programs aligns with broader research showing that trust must be established first in any successful community-led effort, and that this step takes considerable time and steady dedication [28, 29]. West Island's method, on the other hand, shows the importance of adjusting and staying flexible to overcome its particular local hurdles.

Applying the Ecology of Engagement framework sheds further light on these locally tailored approaches. West Island mainly used bridging relationships to connect palliative care experts with the broader community, while Centre-Sud started by strengthening bonding ties among community groups before expanding its network. The struggle to create bridging links in West Island, compared with the stronger success in Centre-Sud, resembles patterns seen in other complex systems, where limited connections across sectors often stem from past power imbalances and a lack of shared direction [29]. In the long run, shifts in leadership proved vital for maintaining viability in both places. Centre-Sud ensured its future by becoming an independent non-profit organization, while West Island kept momentum by giving its facilitator a permanent, institution-supported position. These different solutions show that sustainability, leadership choices, and engagement methods are tightly connected.

Beyond engagement: The transformative potential of shared power

The research demonstrates the powerful impact of community engagement in building compassionate communities. By promoting shared leadership and a more balanced distribution of power among researchers, community partners, health services, and social services, participatory methods increase social involvement and help communities take collective ownership of care for people who are seriously ill, at the end of life, or grieving. This direction supports growing calls to shift power within health services—a difficult task, especially when blending community-based practices into traditionally top-down settings such as hospitals [30, 31]. This kind of cooperation questions the usual medical way of handling palliative care and opens the door to deep cultural changes in how society deals with illness, death, dying, and grief.

Sharing responsibility means sharing power across the entire healthcare system, communities, families, and individuals. This joint way of working recognizes that every actor has a necessary role in creating local support networks that work alongside formal palliative and end-of-life care. The alliances built between university researchers and local communities proved especially useful in showing the value of every stakeholder's input. In particular, community and non-profit groups that had not previously seen themselves as part of the compassionate community idea began to understand how it connected to their own work. By encouraging cooperation across different sectors, boosting social participation, and strengthening communities, this participatory research style actively advances the compassionate community movement.

Implications for future research

Examining the wider care network at both micro and meso levels—regardless of the chosen theoretical perspective (for example, community engagement [15], caring neighborhood model [32], or circle of care concept [33])—enables researchers to highlight the everyday efforts and support provided by caregivers, community groups, and ordinary citizens. This mapping exercise proved useful for identifying community leaders, key actors, and champions to bring into the work. These dedicated individuals, committed to enhancing the conditions in which people live and die, form the essential base for compassionate communities and other public health efforts focused on death and dying.

Building on these observations, future studies should concentrate on several important directions. First, a more in-depth examination is required of how various types of engagement (such as bonding, bridging, and linking) affect specific outcomes and long-term sustainability across different environments. Second, research should move beyond engagement tactics alone to evaluate local conditions and the underlying strengths of the organizations involved. Inspired by Näsman *et al.*'s [34] suggestion that sociostructural resources influence participation in associations, upcoming work could investigate whether organizational capacity (e.g., funding levels, staffing, or social capital) is a major factor in success, especially in settings with limited resources. Finally, the current study found that in both communities, open discussions about end-of-life experiences, death, and loss helped create mutual support and a sense of common humanity. Additional research exploring social shifts (for example, increased community support or greater death literacy) and cultural changes (for example, reducing the taboo around death through shared stories that give it new meaning) is vital. Such work would help assess the lasting effects of these initiatives and uncover effective ways to support their continued growth. Addressing these questions will supply important evidence for creating and assessing compassionate communities in a wide range of cultural and economic settings.

Limitations

This study has several limitations. Because it focused on only two neighborhoods in Montréal, the findings may have limited generalizability. The results were also shaped by the COVID-19 pandemic and the difficulties of comparing two culturally distinct settings. Several possible sources of bias deserve mention. The delayed start of fieldwork at one site led to uneven amounts of participant observation data across the two locations, potentially influencing the comparative analysis. In addition, self-selection bias may have been present, as participants in interviews and activities might have held stronger or more favorable opinions than the general community. Although AI was employed as an extra tool to increase objectivity, its known shortcomings are acknowledged. The possibility that the AI might overlook subtle details or produce inaccurate interpretations was actively reduced through the study design, which applied only to initial findings already produced by the 'bridge' researcher. Moreover, all results underwent member checking with participants to confirm the credibility and accuracy of the conclusions. As an additional safeguard, the first author carefully compared every AI-generated suggestion against the raw data and maintained complete control over all analytical choices.

Conclusion

This side-by-side examination of two markedly different Montréal neighborhoods shows that effective community engagement is highly context-dependent. The findings indicate that the community-driven approach in Centre-Sud succeeded by fostering strong local ownership and empowerment. At the same time, the institution-driven model in West Island offered a practical, workable option for overcoming structural obstacles and building a lasting initiative.

In the end, this research adds to the relatively small body of empirical work by demonstrating that success does not come from following one universal method. Instead, it arises from matching the engagement strategy to a community's particular sociocultural conditions, which, in turn, influence its internal patterns of trust, power, and resources. These insights provide useful guidance for practitioners and policymakers alike, highlighting the need for context-sensitive approaches when creating resilient, compassionate communities that enable people to share responsibility for supporting those facing serious illness, end-of-life situations, death, and grief.

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Ethics statement: This study is approved by the research ethics board of the Centre hospitalier de l'Université de Montréal (approval certificate #18.353).
In accordance with the ethical principle of minimal risk, we used a combination of implicit and explicit consent. Implicit verbal consent was obtained for observing community activities, with participants able to refuse or remove sensitive information as they wished (no objections were raised). Explicit consent was obtained from each participant interviewed using a standard informed consent form.

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